PTO/SB/17 (01-06) Approved for use through 07/31/2006, OMB 0651-0032
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Under the Paperwork Reduction Act of 1995	no persons ese requ	ure de respo	U.S. Pa
Effective on 12/08/200 Fees pursuant to the Consolidated Appropriation	4.		10 0 0 00.00

FEE TRANSMITTAL For FY 2006

Applicant cla	ims small enti	ty status.	See 37	CFR 1.	27
		- 1			

TOTAL AMOUNT OF PAYMENT (\$) 1420.00

Co	omplete if Known
Application Number	10/524,777
Filing Date	February 16, 2005
First Named Inventor	Toshifumi YOSHIKAWA
Examiner Name	D. Cavallari
Art Unit	2836
Attorney Docket No.	056205.55944US

METHOD OF PAYMEN	T (check all that a	pply)					
☐ Check ☐ Credit 0	Card	y Order 🔲	None [Other (please i	identify):		
☐ Deposit Account Deposit Account Number: 05-1323 (Docket No. 056205.55944US) Deposit Account Name: 23911							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indica	ited below		Charge f	fee(s) indicated belo	w, except for th	e filing fee	
Charge any addition	al fee(s) or underpay	ments of fee(s)	□ Credit ar	ny overpayments			
under 37 CFR 1.16	and 1.17	`,					
WARNING: Information on t	this form may becon	ne public. Credit	card informat	ion should not be	included on this	s form. Provide cre	dit card
information and authorizati	on on PTO-2038.				·		
FEE CALCULATION							
1. BASIC FILING, SEAI	RCH, AND EXAMI	NATION FEES					
	FILING F	EES	SEARC	CH FEES	EXAMINAT	NATION FEES	
		Small Entity		Small Entity		Small Entity	
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	:S						
							Small Entity
Fee Description						Fee (\$)	<u>Fee (\$)</u>
Each claim over 20 or				•	•	50	25
Each independent cla	·	eissues, each in	dependent c	laim more than in	the original pa		100
Multiple dependent cla						360	180
Total Claims	Extra claims	Fees(\$)			ple Dependence C		
13 -20 or l		×	· =			Fee(S)	Fee Paid (\$)
HP = highest number of tota			5 D-:	-1 (A)			
Indep. Claims 5 - 3 or ⊢	Extra claims P 2	<u>Fees(\$)</u> x 200	Fee Pai = 400				
HP = highest number of total		_ `` ———	- 400	.00			
3. APPLICATION SIZ	,	eater than 5					
		400 -1					
If the specification and additional 50 sheets of						125 for small entil	ly) for each
Total Sheets	Extra Sheets			additional 50 or fra	•	E00 (\$)	Fee Paid (\$)
- 100 =	Extra Sileets	/ 50 =		lound up to a whole		Fee (\$)	<u>ree Paid (\$)</u>
4. OTHER FEES			'`	tourid up to a writing	number x		
4. OTHER FEES							F D-i-l (f)
Fee Paid (\$)					Fee Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other Petition for Extension of Time (3 months)							
Care remon to Extension	TOT TIME (5 MORIUS)						1020.00
SUBMITTED BY							
	mi /1 -	1000	, Re	egistration No.		Γ	 -
Cianatura	Minhall	1 (1144/11/2)	1/1/1 IN	ttornou/Acont)	44 070	Tolonhone	(202) 624 2502

<u>Telephone</u> Signature ∠ | (Attorney/Agent) (202) 624-2500 Michael H. Jacobs Name (Print/Type) October 4, 2006 Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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